

STANDARD CERTIFICATE OF DEATH

59-014048

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 184

Primary Registration District No. 5688

Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bucklin, Twp.</b>		c. CITY OR TOWN <b>New Cambria,</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Hi-Wy 36, west of Bucklin Jnc.</b>		d. STREET ADDRESS (If outside, give location) <b>Route #2,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Bobby</b> Middle <b>Dean</b> Last <b>Hayes</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>17,</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1938</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>with parents</b>	11. BIRTHPLACE (City and state or country) <b>Callao, Missouri</b>
13a. FATHER'S NAME <b>Arthur G. Hayes</b>		13b. MOTHER'S MAIDEN NAME <b>Katie McElhaney</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes May 13, 56 to now</b>		16. SOCIAL SECURITY NO. <b>491-40-2488</b>	17. INFORMANT <b>Mrs. Katie Hayes</b> Address <b>New Cambria, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Myeloma</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Head on collision on Highway 36</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>west of Bucklin Junction 0518</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>New Cambria, Mo.</b>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>7:50 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James B. McCallister</b> (Degree or title) <b>3</b>		22b. ADDRESS <b>Brookfield Mo</b>	22c. DATE SIGNED <b>4/17/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Cambria Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>New Cambria, Mo.</b>
24. FUNERAL DIRECTOR <b>Larson Funeral Service, Bucklin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 18, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Katharine Johnson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every statement must be true and correct. If any statement is untrue, the certificate is void and the signer is liable for the consequences.

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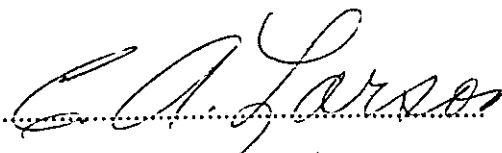
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VS APR 28 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... 

Licensed Embalmer No. 4037

P. O. Address ..... Bucklin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.